



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

**Agency Information Collection Activities: Submission to OMB for Review and Approval;
Public Comment Request**

AGENCY: Health Resources and Services Administration, HHS

ACTION: Notice

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 594-4306.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System

OMB No. 0906-xxxx – NEW

Abstract: The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), administered by HRSA in partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States and territories (as well as nonprofit organizations selected to provide services in non-participating states and territories) are eligible to receive funding from the Home Visiting Program and have flexibility to tailor the program to serve the specific needs of their communities.

Need and Proposed Use of the Information: HRSA will use the proposed information to

demonstrate program accountability and continuously monitor and provide oversight to state and territory Home Visiting Program grantees. The information will also be used to provide quality improvement guidance and technical assistance to grantees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to collect demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services. In addition, HRSA will collect a set of standardized performance and system outcome indicators that correspond with the statutorily identified benchmark areas.

Demographic, Service Utilization, and Clinical Indicators Data:

These data will describe the population served by the Home Visiting Program, including the unduplicated count of the number of participants and participant groups by race and ethnicity. These data will provide other socio-demographic characteristics of program participants and their utilization of services, such as program retention. Additionally, these data will describe several select clinical indicators of program participants, such as a child's usual source of medical care. This information will be collected from participants at enrollment in home visiting services and aggregated and reported to HRSA by state/territory grantees once annually.

Performance and System Outcome Benchmark Data:

These data constitute a discrete set of standardized performance and system outcome indicators that correspond with the statutorily identified benchmark areas. These data will provide aggregate totals, percentages, and rates for performance and system outcome indicators that are salient to the Home Visiting Program, home visiting services more generally, and the at-risk populations served. These data will be collected from participants based on the appropriate

measurement period defined for each measure and aggregated and reported to HRSA by state/territory grantees once annually.

This information will be used to demonstrate accountability with legislative and programmatic requirements. It will also be used to monitor and provide continued oversight for grantee performance and to target technical assistance resources to grantees. In the future, it is anticipated that Home Visiting Program funding decisions may be allocated based on grantee performance, including on benchmark performance areas.

Likely Respondents: Home Visiting Program grantees.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden – Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Form 1: Demographic, Service Utilization, and Clinical Indicators Data	56	1	56	425	23,800
Form 2: Performance and System Outcome Benchmark Data	56	1	56	425	23,800
Total	56		56		47,600

Jackie Painter

Director, Division of the Executive Secretariat

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